

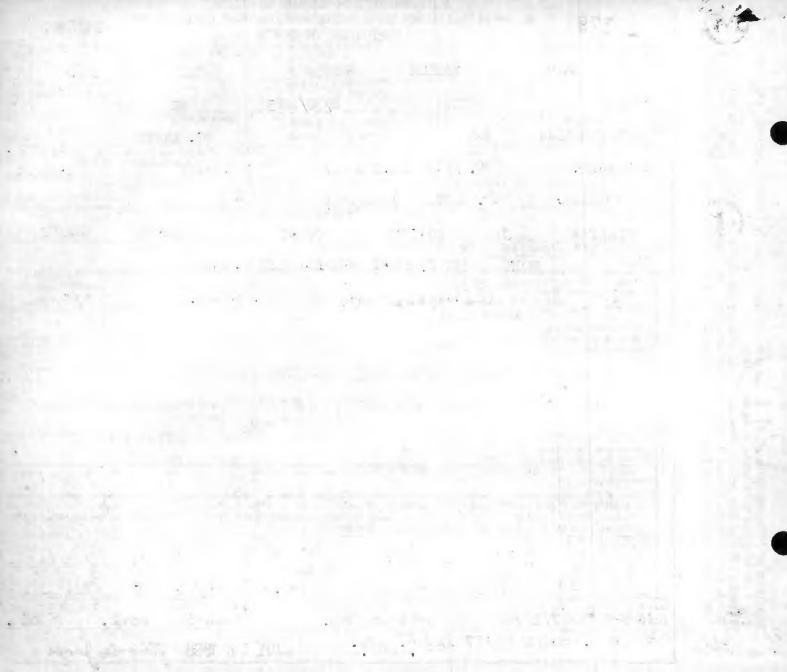
	1		DIVISION OF VITA		STATE DEPARTME			201	
		10577	DIVISION OF THE		ERTIFICATE OF D		, MARTLAND ZIZ	105	585
É		CEASED-NAME First ype or print}		Middle	Last	20. D	OATE OF DEATH	Day Yan	26. HOUR
death		CARRIE	JA	NE	AVERY		JULY	4 1968	8 M
	3. SE	X	4 RACE		S. DATE OF BIRT		6. AGE (In year	ors IF UNDER 1 YI	EAR IF UNDER 24 HRS.
		FEMALE	WHITE		8/28/3	1885	82	YRS.	MIS MODES MIR.
	70. E	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	UNTRY?	B. MARRIED 🔲 NEVER MARRI	IED 9. COUN	NTY OF DEATH		
		ORTH CAROLINA	USA		WIDOWED DIVORC	ED 🗍 📑	ST. MARYS		Md.
1	10. 0	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTI	TUTION (If not in haspital	12a. USUAL OCCU	PATION (Kind of work	done 12b. KINI	D OF BUSINESS OR
9		LEONARDTOWN	ST		HOSPITAL		orking life, even if ret SEWIFE	DO	OMESTIC
N	13o.	USUAL RESIDENCE (Where deceas	13h COUNTY				13e. STREET AND NUME	BER	
		MARYLAND	- TF.F 178.937.1		PRYTHREADY LY	7			RRACE
	14, F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAII		Mic	idle	Lost
	12	WW.	XX.	GOINS	17 MIPONIANIE	BEUNA		BURL	ESON
	160. Y	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w	NED FORCES? 16b. S er or étates of service)	OCIAL SECURITY NO			Add		
				TVA	LOUIS AI	DRIDGE	SAME AS #	13	PROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED		(o), (b) and (c).)		10.1-		BETTY	WEN ONSET AND DEATH
			ITE CAUSE (o)	win	mary c	AMONT	min	2) /	1/6-
		4510	DUE TO, OR AS A CO	INSEQUENCE OF	1-11-11	10 1	- 11	and to	10100
		Canditions, if any, which gave) rise to immediate cause (a),	(b)	nam	work	2 TIL	1-0	2400	als-
		stating the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF					
		lost.	(c)/	o primi augustos					
		PART 2. OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING I	O DEATH BUT NO	KELANED TO THE TERMINAL	DISPASE OKCONDITIO	IN GIVEN IN PART (0)		
	NOI	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS DESE	ORMED 200 AUTOP	A CO	206, IF WE WERE FIND	INGS CONSIDERED	IN CEPTIEVING
4	CERTIFICATION	179, JAIL OF GERRION	COMBITTOR TOK WINCH OF	LIKETISH WID FERI	YES T	NO 🗆	CAUSES OF DEATH?	ALLOS CONSIDERED	IN CENTRALING
-	CERTI	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJUR	Y	21c. HOW INJURY OCCU		of injury in Part 1 or 1	Port 2 (tem 183	
		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Mor	ith Doy Year	270, 11017 1113000 0000	WER TRIBLE HOLDIN	ar adory at run 1 of t	wii 2, 11811 19.j	
	MEDICAL	(If either, notify medical examinated 21d. INJURY OCCURRED 21e.	PLACE OF INHIBY / AT HO	AE, FARM, STREET, FACTO	RY.) 21f. LOCATION Street	or P.F.D. No.	City or Town	County	State
		While Not while	OFFICE	BUILDING, ETC.	Zii. LOOMINI Siteet	MI ALLES AV.	city of lown	Coomy	21016
		22a. I certify that (1) [Apr	s hospital) attended	the deceases	from	19/	to 19/11	19 68 +	that (I) (we) last
		snw the decensed in	live on	7/4 19	and that in (my	1 1/2			
		causes stated above	, (1) (was (dist) (diff r	of) view the	ady after death.	,,,,	1 7		
		22b. SIGNATURE	1/1/1	1	ATTENDING	MED.	STAFF C	22c. DATE SIGNE	D
		de	to hor	1/1/	DEGREE PHYS.	DIRECTOR	LI PHYS. LI	7/5/68	8
		22d. PHYSICIAN'S NAME (Type) JAMES	D TAPAN	16 Th	22e. ADDR		MITTO MARY	T A STED	
	-	/ JURITER		M.D.			MILLS, MARY		
	230.	BURIAL, CREMATION, 23b. I	V	23c. NAME OF C	METERY OR CREMATORY	23d.	LOCATION (City or Town		
	24	CHARDAI MORGEODIA	15/68	ADDRESS	14	2Sa. REC'D BY REGIS	SPRUCE PI	NE, NORTH	CAROLINA
	1	un ///-//20						antes Signature	dan :
		OHN M. WELCH -	LEONARDTOV	IN MID.		炒件日 一 전	1000		

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14.	FIT DAY		12	40	
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SECRETARY SA	Election - Specific	4.00004	1		
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	19, 11/326			a spirit	
That we had				· · · · · · · · · · · · · · · · · · ·	0
	1 828 (E-pik			1. Tal. 4 52	

OR .		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.00
FOR STATE		10578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	100
HEALTH_DEPT.	1. DE	ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day	Year 2b. HOUR
· 2 0 8 2	(1	Type or Print) HULON EDWARD BEASLEY OF ESTI- July 4,	196810:15
1 B 3 6	3. SE	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
ond one		Male White Nov. 26,1927 40 YRS. MONTHS OAYS HOURS MIN MONTH July Day 4,	Year 19 68 LO: 15
I, 2, orm PM		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
darm,	count	TENNESSEE U.S.A. WIDOWED DIVORCED St. Mary's	Md
death re Poges			KIND OF BUSINESS OR
24 hours after death in Item 18. Give Poges r's Office along with far so I and 2 with the last res after death.	_	Leonard town give street address) St. Mary's Hospital during mast of warking life, even if refired.) INDUSTRIBLE	DDS
s afrer along a death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
8/de 0 8		dmission) STATE Maryland 13b. COUNTY St. Mary's Leonardrown YES NO WASHINGTON	
hours aft ltem 18. (Office alo land 2 wit after deat	14. F/	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lin lin lin lin lin lin lin lin l		NOEL BEASLEY NORMA SAWY	ER
		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yos gave were or detect of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
This certificate should be executed within cote, writing the ward "pending" in pencil be forworded to the Chief Medical Examine I be used os a burial-transit permit. File pagint removal, and in any event within 72 hours		YES 411-34-2128 MRS ORIE P. BEASLEY LEONARDTOWN, MA	RYLAND
should be executed ward "pending" in the Chief Medical E. urial-transit permit. F in ony event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: A CLUT O MYSOC and in Forestian	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
te should be executed the ward "pending" i I to the Chief Medical o burial-transit permit. nd in any event withir		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial infarction	
end Me it p		410 9 DUE TO, OR AS A CONSEQUENCE OF	
hie hie		Conditions, if only, which gave trise to immediate cause (a). (b) ASCVD	
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho o the burn		lost (c)	
ertificate should writing the ward rworded to the Ct sed os a burial-tra sed, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate certificate, writing should be forworde files. 3 should be used os aftion, or removel, or	NO	A 200 CONTROL TO CONTROL OF THE CONT	
wro orw	S	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ER: This certific certification writing ould be forword es. hould be used o ion, or removel,	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18	YES X NO
The blue	ALC	PRIMARY OR CONTRIBUTING HOUR A.M.	.)
NES NES Should s	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town Co.	unty State
		WHILE MOT WHILE factory, affice building, etc.)	and store
ICAL EXAMINER: e execute the certifor. for your files. ed for your files. eCTOR: Page 3 should buriol, cremation.		AT WORK LI AT WORK LI	1 *
ICAL E) e execut tor. Pag ed for) CTOR: P		22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
ose crector rector rect			
pleose I direct retainer DIREC		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	(n
ny, ple eral di be rett RAL D		MU.	
o DEPUTY SICA SICA SICA SICA SICA SICA SICA SICA		EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER JULY 3, ADDRESS (Street, city, town, or county)	1700
ro DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	230.	BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	nty) (State)
0	B	REMOVAL (Specify) URIAL JULY 9,1968 ROSE LAWN CEMETERY MURFREESBORO,	TENNESSEE
54		FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
VR A15ME (5) 10M REV. 1/68	W.	CLARKE MATTINGLEY LEONARDTOWN, MARYLAND JUL - 8 1968 Clientes &	udge

MAKYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10588 Ttems MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME Eiret 2a. DATE KNOWN Month Doy 2b. HOUR (Type or Print) ESTI-ERNEST BENFIELD Page DOYLE JULY 28. 1968 DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 3. SEX 2, a. P.M3. FEB. 27. 1919 40 YRS WHITE 7o. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY NORTH CAROLINA ST. MARY S DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR after death give street address T. MARY & HOSPITAL during most of working life, even if retired.) INDUSTRY Give LEONARDTOWN SAWER LUMBER MILL the Chief Medical Examiner's Office alang with death. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTY in Item 18. YES NO TO MORGANZA 1 and 2 \ be executed within 24 hours after Middle 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Lost CHRISTOPHER BENFIELD hours MAGGIE pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT pencil ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 240 30 4395 RUBY LEE BENFIELD MORGANZA, MARYLAND File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) avon any DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise ta immediate cause (a), please execute the certificate, writing the ward duy This certificate should DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse = farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) D SB remayal CERTIFICATION nseq 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19g. DATE OF OPERATION WAS PERFORMED? YES -NO IT å 5 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 211, LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page HOT WHILE burial. 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 Inquiry 7 and in my opinion Noturol couses Suicide . Homicide Undetermined monner deoth resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE JULY 28, 1968 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** P. J. BEAN ADDRESS(Street, city, tawn, ar county) NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL (Specify) First Baptist Church Cem. Lenoir, Caldwell Co.. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) LEGNARDTOWN. MARYLAND W.CLARKE MATTINGLEY 10M REV 1/68

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1	10581	DIVISION OF VITAL RECOR	os, 301 W. PRESTON STR CERTIFICATE OF I		IARYLAND 21201	Amor .gr (1)	3.0
. 2	1 DECEASED NAME First	Middle	Lost	1- DATE	OF DEATH		2b HOUR
edited within 24 nours after death completely filled in by the funeral ove corbon papers pages 1 and 2 y event, within 22 hoofs after death.	(Type or print) GERTRUB		Y BOND		JULY Month 30	1968	M
er deaf funerol I ond er deot	3. SEX	T4. RACE	S DATE OF BIR	TH	6. AGE (In years		F UNDER 24 HRS.
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- S (5-8)	7a BIRTHP-ACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR				
2 (200	country)	U.S.A.	MIDOMED DIANK	INED	MARY S		16.1
filled pape hin K	MARYLAND 10 CITY OR TOWN OF DEATH		R INSTITUTION (If not an maspital	10,01	ON (Kind of work dane	12b KIND OF BU	Md 90 223NI2I
equted within 24 completely filled ove corbon par	LEONARDTOWN	give street oddress)	*		ng life, even if retired)	INDUSTRY	SHIELDS ON
wit, w		ST. MARY 'S sed lived, if institution Residence before		36. INSIDE CITY LIMITS? 13e	STREET AND NUMBER	-	
omplete ve cort event,	adm ssion) STATE MARYLAND	ST. MARY S		YES NO	ZINCE MID HOMOGR		
ma com remove	14 FATHER S NAME First	Middle Los	INEGINATED VIG		Middle		Lost
e rer		_			-		
and indi	JAMES 16a. WAS DECEASED EVER IN US AR	EDWARD LON MED FORCES? 166 SOCIAL SECUR		LAURA	VIRGINIA	Die	SK
Sici Col	Yes, no, or unknown) (II yes give	wor or dates of service)	JAMES H	Conney	MECHANIC		Me
equires that the deoth certificate backer physicion. signed by the ottending physician and christ-transit permit. Then please remoburial-transit permit. Then please remoburial, cremation, or removal, and in any		<u> </u>		COPPEA	MECHANIC	APPROXIMA	MID .
4 5 5	PART I. DEATH WAS CAUS	nly ane cause per ne for (a), (b), and	(c))	1 -		BETWEEN ONSE	
Jeor tend mit,		IATE CAUSE (a)	cinoma	paner	ias)	18 M	62
he off	Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE	OF .				
at the third the	rise to Immediate cause (a),	(b)					
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ysic ysic ysic yriol riol	lost.	(c)	7 NAT BUILTED TO TUE TERMINA	DISTACT OF CONDITION OF	WENT IN CAPT IV		
PHYSICIAN: The law requires that the deoth certificate e haspitol or ottending physicion. his certificate has been signed by the ottending physician stached for use as the buriol-transit permit. Then pleas Dept. of Health prior to buriol, cremation, or removal, and	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBLTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION G	IVEN IN PART I(a)		
DING PHYSICIAN: The law ruby the haspitol or ottending After this certificate has been be detached for use as the State Dept. of Health prior to	S / C / Y	COMPATION FOR WENT HODERAT ON WA	C DEDECORATED 20 AUTOR	run Ingi	IF YES, WERE FINDINGS C	ONG DERED IN CERT	FILVENC
tende lo	190 DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION WA		LCAU	ISES OF DEATH?	JUSIDEKED IN EEK	II T ING
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	216 ACCIDENT WAS UNDERLY	MC AND TIME OF HUMBY	YES 🗍	NO CHO	0 +1 -0 +0	163	
S PHYSICIAN: the haspitol or this certificate defacthed for u e Dept. of Heol				AKKED (Futer nother of a	njury in Part 1 ar Port 2, 1	rem (a.)	
SIG Spite ed ed of	置 (If either, natify medical exam	iner) P.M.	19			,	
ha ha cach ach ept		PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	FACTORY.) 211 LOCATION Street	or R F.D. No.	City or Town	County	State
the det	While Nat while at work			10/	110	10	
ATTENDING stained by th CTOR: After t should be d	220 I certity that (I) (t	his haspital) attended the dece	ased from 19 of and that in (my	977, to_	1004 50, 19	that (
TAL OR ATTENDIN may be retained by RAL DIRECTOR: Afte page 3 should be be filed with the Sta	canses age of special	e, (i) (we) aid) (did ngi) view t	he bady eiter death) (dui popinion deor	n occorred an me da	re and naur ar	id ilom ille
Short State	22b SIGNATURE	P 1			22(,	DATE SIGNED	
OR OR IRE	May	Lugler >	DEGREE PHYS.	G 🔼 MED DIRECTOR [□ STAFF □ 🔽	-1-68	>
A L D L D L D L D L D L D L D L D L D L	22d PHYSIC MS		22e ADDI	ESS			
PIT.	NAME (Type)	ROY GUYTHER M. D.	Ma	ECMANICSVILI	LE. Mo.		
Page 4 may be retained by the haspitol or for FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	230 BURIA CREMATION 23b.		OF CEMETERY OR CREMATORY		ATION (City or Town)	(County)	(State)
108 P. H. W.	REMOVAL (Specify)	G.2.1968 ST.	JOSEPH S		BANZA ST.	ARY	Mo.
190	24. FUNERAL DIRECTOR	ADDI		250. REC'D BY REGISTRAF	25b. REGISTRAR S	SIGNATURE	
30M REV YES	W. CLARKE MATTIN	GLEY LEON	ARDTOWN. Mo.	DATEAUG 6	1968 gclo	was young	pe

MAKTLAND STATE DEPARTMENT OF HEALTH



1 1		MARYLAND STATE DEPARTMENT OF HEALTH A CER 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR
			7 20, Year 25 HOUR 20, 16812:55A
	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE in years f JNDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOUR
deloy and 3 3. Pog		Male Negro June 18,1939 29 YRS MONTHS DAYS HOURS MAN Month July Day 20	Yeor 196812:55A
A TARE		BIRTHPLACE (State or foreign 7b CT ZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 9 COUNTY OF DEATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Intry) MARYLAND U.S.A. WIDOWED DIVORCED St. Mary's	Md
Pages Pages with o		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hosp toll during most of work ng life even fretired) give street oddress) II NAME OF HOSPITAL OR INSTITUTION (If not in hosp toll during most of work ng life even fretired)	
or de nve P ng wi nthein		St. Mary's Hospital	
offte.	130	D. USJA, RESIDENCE (Where deceosed lived, if institution Residence before 13c (TY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NJMBER admission) STATE MARYLAND 13b (COUNTIST. MARY B LEONARDTOWN YES NO & Leonardtown	
hours them 10 Office offer o	⊨	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5		ANDRES S. BUSH BERNARDINE	DENT
hin 24 nool in noner's pages houks		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANY ADDRESS	
n pend Exami File pa		(Yes, no, or unknown) (If yes give wor or dates of service) MARY LUCILLE BUBH LEONARDTOWN	MARYLAND
INER: This certificate should be executed within 24 hours ofter death is certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office olong with files. 3 should be used as a burial transit permit. File pages 1 and 2 with the Stonation, or removal, and in any event within 72 hours ofter death.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
be executed "pending" in hief Medicol E ansit permit. Fevent within		PART I. DEATH WAS CAUSED BY Stab wound of Chest	
ex benc oenc if M if P sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave }	
ld be e rd "per Chief I fransit iy even		rise to immediate cause (a), (b)	
should ne word to the Ch		Soling the orderlying coase	
g the wed to the store of the to the store of the the store of the sto		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	',
ing ing rded os c	-	972 x	
us certific ife, writin i forword se used or removol,	CATIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY?
his ofte, ee fo	CERTIFICATION		YES 🔀 NO 🗌
분 무 욕 이		210 EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING 12:30 PM 7-20 1968 210 T ME OF IN. JRY Month, Day, Yeor HOUR A.M 12:30 PM 7-20 1968 Stab wound of chest	Item 18)
INER INER Broul Shoul files. 3 sho	MEDICAL	CAUSE OF DEATH 12:30 7-20 1968 Stab wound of chest 21d NURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f LOCATION Street or R FD No City or Town	County State
		WHILE NOT WHILE AT WORK AT WOR	St. Mary's M.D
JICAL EXAM blease execute the director Poge 4 etained for your DIRECTOR: Page or to buriol, cren		22a certify that taak charge of the remains described above, held an Autopsy Inspection Inquiry	
ICAL EXPERT FOR POST POST POST POST POST POST POST POST		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner	
please e please e I director retained DIRECT		CHIEF MEDICAL EXAMINER	
H_ E_ 9			E SIGNED
DEPUTY ecessary, p ne funeral may be re FUNERAL		I EXAMINEK >	Ly 20, 1968
necessary, please e the funeral director 5 may be retained of FUNERAL DIRECTOR Health prior to bu	22-	NAME (Type) ADDRESS(Street, city, lown, or county) BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	
5 2 5 - 1		PEMOVAL (Specify)	(County) (State)
THE STATE OF THE S		BURIAL JULY 23.1968 ST. JOBEPHS CEMETERY MORGANZA, ST. M	S SIGNATURE
VR A15ME (5) 1 3	W.	. CLARKE MATTINGLEY LEONARBTOWN, MARYLAND DATE UL 2 3 1868 golo	Mes Judge



- 1		10183	DIMISION OF	MAKTLAN VITAL RECORDS,		DECTAN STO			AND 21201	to a	
- Carrier		Item#11,FilmGb0				ICATE OF I		noke, makie	AND ZIZUI	5	A
20 / NZ		CEASED-NAME First		Middle	-	Last		20. DATE OF DEA			2b. HOUR
	(1	ype or print) LAURA		1101318		COAD		JU	Month Day	1968	6:00P
5-1	3. SE		4. RACE	111100		S DATE OF BIR	RTH	6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
A Se		FEMALE		WHITE		7/9/	1886	l le	ost birthdoy) B2 YRS.	MONTHS DAYS	HOURS MIN
ours Survey	7o I		7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIE	D NEVER MARK		COUNTY OF DEA			
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d w letel	13a	USJA. RESIDENCE (Where decease	d lived, if institution	on. Residence before	13c CITY	OR TOWN	13d INSIDE CTY LIMI		AND NUMBER	LOTATE	DEWATOR
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3 0 5	L	RICHARD	M.	HEBB			LAURA	1		COI	IBS
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phy en coval		NO		215 18 1	539	MRS. MAR	GARET J	<u> </u>	E - MECH.	ANICSVI	ATE INTERVAL
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att perr		0017	DUE TO, OR A	S A CONSEQUENCE OF						9	
the sit		Conditions, if ony, which gove a rise to immediate cause (a),	(b)								
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sign bury		PART 2 OTHER SIGNIFICANT CONE	PITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CO	ndition given in	PART 1(o)		
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or ate		210 ACCIDENT WAS UNDERLYING			21c	HOW INJURY OCC	URRED (Enter i	nature of injury in	Part 1 or Port 2,	Item 18.)	
CLA it for the state of the sta	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Manth Doy Year							
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-train should be filled with the State Dept. of Health prior to burial, cre	ME	21d INJURY OCCURRED 21e. F While Not while at work		AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.		LOCATION Street	t or R.F.D. No	City or ¹	lewn	County	State
the de de de		22a Leastify that (1) (this	hospital) atta	nded the decore	ad from	amil	19/5	f to C.	1. 2/ 19	S- that	(I) (ma) Inst
A P P P P P P P P P P P P P P P P P P P		saw the deceased all	ve an	July 21	9/200	ind that in (my	(aur) apin	ian death acco	rred an the do	te and haur	and from the
P Selfer		22a. I certify that (I) (thus saw the deceased all causes stated above,	(I) (yy)(did) (view the	bady afte	er death.					
With Figure A		22b Signature	210	6 On		ATTENDIN	G - ME	D 🗖 S1	TAFF 📺 I a	DATE SIGNED	
DIR be			1747	In the	00	GREE PHYS		D ST RECTOR PI	HYS.	7/23/68	
Moy AL POGE		22d. PHYSICIAN'S NAME (Type)	J.BEAN M	n		22e. ADDi		m wrra	MADET AND		
TO HOSPITAL Poge 4 moy TO FUNERAL E director, pag should be fill	-	1.00			AF AAF TOOL	00 (0541-745)	GREA		MARYLANI		(5)
五	230	BURIAL, CREMATION, 23b Di		23c. NAME OF				23d LOCATION (* ,	(County)	(Stote)
2 2 2		ENNERAL DIRECTORY	/24/68	ADDRESS		PIUS CIEM	2So. REC'D BY	REGISTRAR	ZSb. REGISTRARS	MARYLA	IND
30M REV 4/68	1/	UNTILAR DITTILLA	- LEONAL	RDTOWN MD.						ionles Q	udae
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) **JAMES** DANIEL ENNELS 4. RACE S DATE OF BIRTH IF HNOFR I YEAR IF UNDER 24 HRS 3. SEX 6 AGE (In years rase remove carbon papers. Poges and in ony event, within 72 hours after ricate be executed within 24 haurs after and completely filled in by the remove carbon papers. Pages last birthday) HOURS MALE 2/19/1902 NEGRO 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH country D. 8. MARRIED [] NEVER MARRIED [USA DIVORCED [WIDOWED X ST. MARYS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if settred.) INDUSTRY LEONARDTOWN 13a USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMETS? 13e. STREET AND NUMBER 13b. COUNTY 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MA DEN NAME First Middle WALTER ENNELS OLIVE WATTS SICION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give wor or dates of service) burial, cremation, or removal, the offending provided the offen of the offe 216 12 4111 HOSPITAL RECORDS APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT low requires that the death signed by the ottendir burial-transit permit. DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of migry in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not white at work ___, 19____, ta_ 220. I certify that (I) (this haspital) attended the deceased fram...... . 19_____, that (I) (we) last saw the deceased alive on _______19___ ____, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATUR ATTENDING STAFF 7/26/68 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAII'S 22e ADDRESS NAME (Tybe) JOHN F. FENWICK M.D. LEONARDTOWN, MARYLAND 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b. DATE (County) (State) BURYAL (Specify) 7/29/68 ST. JOHN'S CEM. HOLLYWOOD, MARYLAND 256 REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Ocharles 30M REV 1/88 - LEONARDTOWN, MARYLAND



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		85)	DIVIS	ION OF VII			ATE OF E		MORE, M	IARYLAND 21	201		9 3
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((ountry)	WASHIN	атон, D	C.	U.S.A		WIDOWED)			ST.	MARY ! 6			Md.
10	CITY	OR TOWN OF	DEATH	-	11 NAME	OF HOSPITAL OR IN	,	•	12o LSUA	L OCCUPATI	ON (Kind of wor	k done	12b KIND OF I	BUSINESS OR
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	las		0117118 10000		(c)									
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Akt	5	ra , .												
CATE	190	. DATE OF OPE	RATION 19b.	CONDITIO	N FOR WHICH	OPERATION WAS P	ERFORMED	20a. AUTOP:			, IF YES, WERE ## ISES OF DEATH?	NDINGS C	ONSIDERED IN CE	RTIFYING
DATE:	190 211	10000000		10 1-				YES	NO 🗌					
			NAS ÚNDERLYI i □ Cause of dea			URY Ionth Doy Yeo:		W INJURY OCCU	JKKED (Enter	noture of	njury n Port I ar	Part 2,	item 18.)	
101	<u> </u>		medical exam		P.M.	,	9	CATION Chron	mr D S D M =		City or Town		County	State
7	W	hile 🦳 Not w	vhile 🖳	. PLACE U	OFF	HOME, FARM, STREET, F. ICE BUILDING, ETC	CIOKI) 211 LL	CATION Street	grktu Ng		rith et lowu		County	21016
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L		couses	stoted obov	e, (I) (v	/e) (địơ) (dia	not) view the	body offer o	ieoth.						
	22	o. SIGNATURE	har	0-	2,80	1.1:462	L 7/2	ATTENDING		EO C	STAFF	220	DATE SIGNED	60
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	12	NAME (Type		ARLE	GREE!	WELL N	. D.	SER. FIGUR		LEONA	ROTOWN,	MAR	YLAND	
,	3o. Bl	RIAL, CREMATI		DATE		23c NAME OF	CEMETERY OR	CREMATORY	-	23d LOC/	AT ON (City or To	wn)	(Caunty)	(Stote)
	BE	MOVAL (Specific PAL)	y) Ju	Ly 1	1,1968	ST.	ALOYS			LEON	ARDTOWN	ST	MARY &	ARYLAND
	4 FUN	ERAL DIRECTO	R			ADDRES	5		2So REC'D B'	Y REGISTRA	R 2Sb REC	GISTRAR S	SIGNATURE	
	W.C	LARKE	MATTIN	GLEY	LEON	ARDTOWN,	MARYL	AND	DATE JUL	18	1968	Cla	was you	the same



		KDS, 301 W. PKESTO	N SIREEI, BALIIMUKE, MA	KTLAND 21201	* ()
	1686 MEDICAL	EXAMINER'S C	ERTIFICATE OF DEA	TH	47 " 7
Ĩ.	ECEASED-NAME First	Middle	Last	2a. DATE KNOWN Mant	h Day Year 2b HOU
	Type or Print) MARAGET E		GRAY	OF ESTI- 7	16 1968 6 p
3	EX 4 RACE S DATE OF BIRTH	6 AGE (in years	F LINDER YEAR IF UNDER 24 H	2c DATE PRONOUNCED DEAD	2d. HOU
	Female White 2-11-19	last birthdoy) 56 YRS		Month Doy	16 Year 1968 6 p
7a	B RTHPLACE (State or foreign 7b. CITIZEN OF WHAT C			COUNTY OF DEATH	10 100 TO D
(0)	ARYLAND USA		OWED DIVORCED	St. Mary's	A
	C.TY OR TOWN OF DEATH 11 NAME	OF HOSPITAL OR INSTITUTION	* (If not in haspital 12a USUA	L OCCUPATION (Kind of work dane	126 KIND OF BUSINESS OR
	Leonardtown St.	oddress) Mary's Hospi	tal during m	est of working life, even if retired.	DOMESTIC
13	RISHAL RESIDENCE (Where deceased lived if institution	Res dence hefore 13c CITY	OR TOWN 13d. INSIDE C TY LIMIT	13e STREET AND NUMBER	
	odmissian) STATE 13b COUNTY MAR	Y.S Ho	11-wood YES NO	Hollywood	Maryland
4.	ATHER'S NAME First Middle	Last .		ırst Mıddle	Last
	RICHARD	QUADE	FLO	RA	GRAY
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166		17. INFORMANT	ADDRESS	
	(if yes give war or dates of service)	77-26-9054			
	18. CAUSE OF DEATH (Enter anly one cause per line for	or (o), (b), and (c))	-, 		APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY	Arterioscle	rotic cardi ve as	cular disease	Deliver deat rain bearing
		A CONSEQUENCE OF			
П	Canditians, if any, which gave	Diabetes me	11itus		
	slating the underlying couse DUE TO, OR AS	A CONSEQUENCE OF			
	lost. (c)				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
2	1601X				
CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OP WAS PERFORMED?	ERATION		20 AUTOPS (head
RIFIE					117 [2] 40 [3
	PRIMARY OR CONTRIBUTING HOUR A.M.	RY Manth, Day, Year	TIC HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2	, Item 18)
MEDICAL	CAUSE OF DEATH P.M.	19			
W	21d N.URY OCCURRED 21e PLACE OF INJURY (At he factory, affice building, et	ome, form, street,	21f LOCATION Street or R F D No	City or Town	County State
	AT WORK AT WORK				
	220. I certify that I took charge of the r	emains described obov	e, held an Autapsy XX	Inspection , Inquiry	and in my opinic
	death residted fram: Natural causes	XX Accident	Suicide, Hamicide		er 🗀
	Jos TAIN	1/2	CHIEF MEDICAL EXA	MINER	
	SIGNATURE CLOCK JV	~ 1 XV	M D ASSISTANT MEDICAL	EXAMINER XX 22b DA	TE SIGNED
	EXAMINER'S	•	DEPUTY MEDICAL E		ly 17, 1968
	NAME (Type) Edward F. Wilso			y, tawn, or county)	
23	BURIA_, CREMATION, 23b DATE	23c NAME OF CEMETERY		23d LOCATION (City or Town)	(County) (State)
	BURTAL" 7-19-1968	ST. JOSEP			MARY, S Md.
3/	Juneal Drection Welch	ADDRESS	2Sa. REC'D B'		
2	JOHN M. WELCH L	EONARDTOWN	MARYLAND DAUL 2	4 1968 Relian	las Judge

MARYLAND STATE DEPARTMENT OF HEALTH



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1		10587	DIVISION OF VI				RE, MARYLAND 21201	. 79.,
		*			ERTIFICATE O			
를 <mark>무</mark> 를		CEASED NAME First ype or print)		Middle	Last	20	DATE OF DEATH Month Day	2b. HOUR
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naurs after	3. SE	X	4. RACE		S. DATE O	F BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
rs after		FEMALE	Corol		Aug		21 93 YRS	
and the second	7o E	IRTHPLACE (State ar foreign try)	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED 🔲 NEVER I	MAKKIEU	UNTY OF DEATH	
filled in 72 thin 72		TYLAND	U.S.A.	A	į Lullių	VORCED [ST.MARY'S	Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Near-please remove carban papers frags 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	١.	ITY OR TOWN OF DEATH	give stree	OF HOSPITAL OR INS 1 address) - MARY S	TITUTION (If not in hospite HOSPITAL	during most of	CUPATION (Kind of work dane work no ife, even if retired.) COOK	12b KIND OF BUSINESS OR INDUSTRY
d w letel arb	130	USUAL RESIDENCE (Where decease	d lived, if institution;	Residence before	13c. CITY OR TOWN	13a INSIDE CITY LIMITS?	13e STREET AND NUMBER	
ne executed within and campletely firemove carban in any event, with	admi	STATE MARYLAND	13b. COUNTY	Is .	PINEY POIN	T YES NO		the surrouge
and careman any	14	ATHER'S NAME First	Middle	Last	15 MOTHER S	S MAIDEN NAME First	Middle	Lost
be re re			7	?		SARAI	-1	BRISCOE
skilan Slease Jease		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wo	ED FORCES? [6]	SOCIAL SECURITY I	NO 17 INFORMANT		Address	
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Z Z Z		18. CAUSE OF DEATH (Enter onl	y ane cause per Une h	or (a), (b), and (c)	1-0/ 1	1 1/-	110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end mit. ar r		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	1 Cax	alau.	Alla	17	was
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the the mat		Canditions, if any, which gave)	(b)	-	There	rny	con ,	aug
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requestion of the second of th		PART 2 UTDER SIGNIFICANT SUN	UTTORS CONTRACT NO	DE DEATH BUT N	OF KELSON TO THE TEKN	MAY DISEASE VALUNU	AN CINEN IN PART I(a)	
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attending attending has been se as the is priar ta	CERTIFICAT	THE ST OF ENAMED ST	ionom joi miner	01 210/(11011 9970) 12		NO []	CAUSES OF DEATH?	onsidence in centiliting
ar or	CERT	210 ACCIDENT WAS UNDERLYING	G 21b. TIME OF IN.	IURY			re of injury in Part I or Port 2,	Item 181
CIAN iffical for for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Manth Day Year			,	•
ATTENDING PHYSICIAN: The law requires that the death certal stained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Sheath the State Dept of Health prior to burial, cremation, ar remova	₽¥	21d INJURY OCCURRED 21e			TORY) 21F LOCATION S	Street or R F D No.	City or Tawn	County State
PH he h this erfor		While Nat while at work	₹ 01->	ICE ROILDING, ETC	1	8.00	. /	10
ING by f frer oe d		22a. I certify that (I) (the		ed the gareas	d from	. 196	, to	that (I) (last
END led A		saw the deceased of causes stated above	ive an (did) (did)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	n board that in body after death.	(my) (apın/an	death accurréd anthe de	ate and have and from the
ATTEND etained CTOR: A should		22b. SIGNATURE	, (0, (-, (0,0)))		oody direi dedili.		225	PATE SIGNED
OR Served		16	W-H	EN.	DEGREE PHYS	NDING MED DIRECT	STAFF CO. #	1153/1-8
Al ay b		22d PHYSIC ANS	1 /		220	ADDRESS		1000
Page 4 may be retained by the hospital ar attending physician. To EUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trar should be filed with the State Dept of Health priar to burial, crea		NAME (Type) ATR	ICK JARBO	, M.D.		GREAT MI	LLS, MARYLAND.	1 /
HO:	23a	BUR AL, CREMATION 23b. D			CEMETERY OR CREMATOR		LOCATION (City or Town)	(Caunty) (State)
22 200			v 23,1968		RKS CEMETER			MARY 5, MARYLAND
VR A15 (A)	24	FUNERAL DIRECTOR		ADDRESS		2So RECD BY REC	GISTRAR 250 REGISTRAR S	SIGNATURE
30M REV 1/68		W. CLARKE MATTI	NGLEV	LEGNARI	DTOWN. MD.	DATE UL 2	6 1968 gclia	read years





						ARTMENT OF F				
-		40588 I	DIVISION OF VIT	AL RECORDS, 301			IMORE, MARYL	AND 21201		7
		2000		CER	TIFICATE	OF DEATH				
		CEASED NAME First Mark	1 0	Middle	1.1	bert	20 DATE OF DEA	TH Manth Doy	Year 68	26 HOUR 420 M
	3. SE	emale .	4. RACE White			TE OF BIRTH 9 /12 /8/44	1888	AGÉ (In yeors ust birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF JMDER 24 HRS. HDURS AMM
	7a B coun		U.S.A.	Wi	DOWED 📉	VER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEA			Md
		TY OR TOWN OF DEATH	11 NAME C	Stress VARY 8	NURSIN	G HOME	AL OCCUPATION (Kin ost of working ife,	d of work dane even if retired)	126 KIND OF E INDUSTRY	USINESS OR
5	13a odmi	USUAL RESIDENCE (Where deceased sisten) STATE MARYLAND	13b. COUNTY ST.	Residence befare 13c MARY S ME	CITY OR TOWN		MITS? 13e. STREET	AND NUMBER		
	14. F	ATHER S NAME First	Middle	Last	FS. MOTH	HERS MAIDEN NAME F		Middle		Lost
		PHILIP		RAN	113 1150011	LANT	ELLA		SWANN	
		WAS DECEASED EVER IN U.S. ARMER es, no, or unknown) [11 yes give wor	or dates of service) 100.	SOCIAL SECURITY NO.	17 INFORM		V	Address		
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		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	BY.	4 [a], (b), and (c)) -O ro ∩ ∂	ved !	ocalis	in		BETWEEN ON	SPT AND DEATH
		IMMEDIATE CO.	CHOSE (d)	-	7	2	704			.,,
		Conditions, if any, which gove)	DUE TO, OR AS A	CONSECUENCES	11/1	1.			146	-3
		rise ta immediate cause (a), (DUE TO. OR AS A	CONSEQUENCE DE	-101				1	
		stating the underlying couse last.	(c)	CONSERVENCE OF						
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE T	FERMINAL DISEASE ORC	ONDITION GIVEN IN	PART 1(o)		
χ	CERTIFICATION	19g. DATE OF OPERATION 19b. CO	INDITION FOR WHICH O	PERATION WAS PERFOR	1	o. AUTOPSY?	20b IF YES CAUSES OF	WERE FINDINGS CO DEATH?	NSIDERED IN CE	EXTIFYING
	CERTI	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJU	IRY		YES NO URY OCCURRED (Enter	r neture of iouser in	Port 1 or Port 2	tom 181	
	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	onth Day Year		on occounts (the	i narore or inquity in	* Q1 * C * C * C * C * C * C * C * C * C *	Total Taly	
		THING HOLL WILLIE	LACE OF INJURY (AT H	DME, FARM, STREET FACTORY, E BUILDING, ETC.		N Street or R.F.D. No.	,		Caurty	State
		220. I certify that (I) (this	hospitol) ottende	d the desegred for	om .	10/9,195	, ta	, 19_	, that	(1) (we) las
		220. I certify that (I) (this saw the deceased all courses stated above	in on the	192/196	, ond that	t in (my)(øur) opi	nion deoth occu	rred an the dat	te <mark>ond ha</mark> ur o	ind fram the
		22b. SIGNATURE	(I) We / (GO) (GIG	itor) view ine body	, otter death.			22c. D	LATE SIGNED	/
		Lun	W Ser	ube	DEGREE	ATTENDING 📈 N Phys. B	MED ST PRECTOR PH	AFF IYS.		58
-		22d PHYSICIAN'S NAME (Type) LEON	W. BERRBE	M. D.	2	22e. ADDRESS	MECHANI	CEVILLE,	MARYLA	ND
	23a	BUR AL, CREMATION, 23b. DA	TE	23c NAME OF CEME	TERY OR CREMA	ATORY	23d LOCATION (C	ity or Town)	(County)	(State)
1	_		y 27,1968	ST. MAR	Y'S CEN	METERY	BRYANTON	N. E CHAR	LES, MA	RYLAND.
3		FUNERAL DIRECTOR				2So. REC'D B	Y REGISTRAR	25b. REGISTRAR S	ZIGNATORE	
1	A VV .	CLARKE MATTINGL	EV FOMA	POTOMOL MA	BVI AND	DATEL	7 0 1000	- FUNCTIVE	SA VALLE	A



19590	DIVISION OF V		I W. PRESTON STREI RTIFICATE OF D		E, MARYLAND 21201		3
DECEASED-NAME (Type or print)	First	Middle	Last	20.	DATE OF DEATH	No. Year	2b. HOUR
H	ENRY		JOHNSON		JULY 1	1968	2:00F
3. SEX	4. RACE		S. DATE OF BIRTI		6 AGE (in years last birthday)	F JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
MALE	NEGRO		5/18/3		78 YR		FOOKS MIRE
7a BIRTHPLACE (State or fo	reign 75 CITIZEN OF WHAT	COUNTRY? 8	MARRIED ሺ NEVER MARRIE	:0	INTY OF DEATH		
MARYLAND	USA		IDOWED DIVORCE		ST. MARYS		Md
TO CITT OR TOWN OF DEAT	H 11 NAM	E OF HOSPITAL OR INSTITUTE of oddress)	,		UPAT ON (Kind of work dan		BUSINESS OR
LEONARDTOW			PITAL		working life, even if retired) INDUSTRY CHEF	
13a. USUAL RESIDENCE (Whe	ere deceosed lived, if institution	1		L INSIDE CITY LIMITS?	13e STREET AND NUMBER		
odmission) STATE MARYLAND			EXTINGION BK	ES NO	RT. 1 BOX 1	160	
14. FATHER'S NAME Fir		Lost	1S. MOTHER'S MAID		Middle		Last
	ORGE	JOHNSON	SARAI	I		BARN	ES
Yes, no, or unknown)	(if yes give wor or dates of service)	66. SOCIAL SECURITY NO	17 INFORMANT	Tra IIA SITE	Address	ON DIE M	70
		578 09 3212	A PIKS. HUS	OTE HYMK	INS - LEXINGT		AATE INTERVAL
18 CAUSE OF DEATH PART I. DEATH W	(Enter only one cause per left AS CAUSED BY:	for (a), (b), and (c).)	. Onna	1	.c.f.		NSET AND DEATH
^	IMMEDIATE CAUSE (a)	1 avec	ce 74117	/- T /1.	771001	/ru	uh
Conditions, if any, wh	DUE TO, OR AS	A CONSEQUENCE OF	7111			10	nag
nse to immediate co	use (o), (b)	cavece	oran 1	100	•	/	
stoting the underlyin		A CONSEQUENCE OF	Me	Unter		10m	run
	(c) (c)	G TO DEATH RUT NOT D	FLATED TO THE TERMINAL D	ISFASE OR CONDITI	ON GIVEN IN PART 1(a)		
	COMMITTIONS TOURISTING	TO TO DESIGN DUT NOT K	TOUR TO THE TERMINATED	TENDE OF COUNTY	OH OTHER HE PART I(0)		
190. DATE OF OPERATIO	N 196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 20g AUTOPS	Y?	20b IF YES, WERE FINDING:	S CONSIDERED IN CE	RTIFYING
190. DATE OF OPERATIO			YES	NO [7]	CAUSES OF DEATH?		
	INDERLYING 216 TIME OF I				e of injury in Part 1 or Port	2, Item 18.)	
OR CONTRIBUTING CO	AUSE OF DEATH HOUR A.M. cal examiner) P.M.	Manth Day Year		,		•	
21d INJURY OCCURRE	D. OLACE OF BUILDY CA	T HOME, FARM, STREET FACTORY,) 21f. LOCATION Street of	ar R F.D. No	City or Town	County	State
While that while at work		PEACE BUILDING ETC.	'	- /			
22a L certify the	t (I) (this haspital) attem	ded the deceased f	rôm	_, 1950,	ta/34mj	19 40, that	(1) (we) last
saw the dec	eased alive and 4	11 19	ond that in (my)	(aur) apinion	death accurred an the	date and haur	and from the
eduses state	d above, (I) (We) (dut) (d	id pot) view the bad	y after death.		La	DATE CONED	
GNAJOKE	10 (1)	loss	DEGREE PHYS	MED.	C STAFF	C DATE SIGNED	
ZZd. PHYSICIAN'S	MINT. HON		DEGREE PHYS 22e. ADDRE	DIRECTO	R L PHYS. L	7/15/68	
NAME (Type)	ERNEST REHM M	.D.			PARK, MARYLAN	AD	
23a BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEM	TERY OR CREMATORY	23d	LOCAT ON (City or Town)	(County)	(Stote)
BURIAL (Specify)	7/16/68		TER CLAVER		RIDGE MARY	AND	
24 FUNERAL DIRECTOR	Molet.	ADDRESS		.1111	STRAR 256 REGISTRA	P.S. SIGNATURE	200
JOHN M WE	CCH _ LEONARD	TOWN .b.D.	0	ATE SUL	1 , 1000	- Tool	-

MARYLAND STATE DEPARTMENT OF HEALTH

3 166

L	10591	DIVISION OF VITAL REC		ATE OF DEATH	IIMUKE, MAKT	LAND 21201	79,)
	DECEASED NAME Firs	t Midd	le	Last	2g. DATE OF DE			2b. HOUR
	(Type or pant)	MAS RHOD	y Jo	HN8ON	JULY	Month 28	1968	M
3. :	SEX	4. RACE		S DATE OF BIRTH	6	AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
L	MALE	WHITE		SEPT 20, 18	1 -	last birthday) YRS	moutin) byto	HOURS MIIN
	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY	8 MARRIED [NEVER MARRIED	9 COUNTY OF DE	ATH		
	MARYLAND	U.S.A.	WIDOWED [MARY 18		Md.
10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPIT	ALOR INSTITUTION (If pa	ot in hospital 120 USI	JAL OCCUPAT ON (KI	nd of work done	126 KIND OF B	USINESS OR
	EONARDTOWN	give street oddress		HOME. FA	nost of working life	, even it retired.)	INDUSTRY FARM I I	10
130	USUAL RESIDENCE (Where deced	osed I ved, if institution Residence			100. 011/22	T AND NUMBER		
, ou	nission) STATE MARYLAND	13b. COUNTY ST. MARY S	LEONA	RDTOWN YES	40 X			
	FATHER S NAME First	Middle	Lost 15	MOTHER'S MAIDEN NAME	First	Middle		Lost
L	WILLIAM		HNSON		ARY	L	RALE	EY
	D. WAS DECEASED EVER IN U.S. AR			NFORMANT		Address		
Ŀ	No No		J.	HEBB JOHNS	ON HOLL	YWOOD, MA		
	18 CAUSE OF DEATH (Enter of	nry one couse per line for (a), (b)		~~~ y			APPROXIM BETWEEN ON	SET AND DEATH
	PART DEATH WAS CAUS	ED BY. IATE (AUSE (o)	Weac	tallere				
	4129	DUE TO, OR AS A CONSEQU	ENCE OF	o-Nascale	0.			
П	Conditions, if any, which gave	(b)	(i's the	D-Nascall	an allah	ass -		
Н	rise to immediate couse (a), stating the underlying couse		ENCE OF					
	last.	(c)						
	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART I(o)		
1 2	1 1 1 1							
CERTIFICATION	190. DATE OF OPERATION .95	. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20o. AUTOPSY?	CALIFEE OF	S, WERE FINDINGS CO	ONSIDERED IN CER	TIFYING
PILE				YES NO				
		B15 . 1.6 61	21c HO	W INJURY OCCURRED (Ent	er nature of injury ii	n Part 1 ar Part 2, I	ltem 18)	
200	. 【(If either, notily medical exam	iner) P.M	19					
WED	21d INTURY OCCURRED 214	PLACE OF INJURY (AT HOME FARM	STREET FACTORY, 211 LO	CATION Street or R F O N	o City ar	Town	County	State
	at wark at work							
	220. I certify that (i) (t	his haspital oftended the	deceased from	1 15 , 193	57 10 m	Pr. 128, 19	68, that	(i) (we) tast
	saw the deceased	his haspital ottended the alive on	aw the body often	iffhot in (my) (our) or	omion death occ	urred on the do	te and haur a	nd fram the
	22b SIQNATORE	e, (i) (we)stala) tala har) vi	ew the body uner o	ieuili.			DATE SIGNED	
	Charles -	Dest. world.	1 May DECO	EE PHYS	MED S	TAFF rm	DWIG SIGNED	
	22d. PHYSICIAN'S	1/	- // TY DEGR	22e. ADDRESS	DIRECTOR L P	HYS L		
	NAME (Type) CHARLS	S GREENWELL .M	.D.		ARDTOWN,	MARYLAND		
234			AME OF CEMETERY OR		23d LOCATION		(County)	(State)
	OFALOWA /Smar E. V		ST. JOBEPH				, ,,,	1 /
	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR	25b REG STRARS	SIGNATURE	AND
1	N. CLARKE MATTE	IGLEY LEONARDT	OWN. MARYL		400.4		was In	ye.
			<u> </u>	2000	101			V

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 600 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED NAME First Middle Last 20 DATE KNOWN Month 2b HOUR Year (Type or Print) ESTI-2, and 3 to PM3. Page WILLIAM 19 68 10 MB ROBERT JOHNSON DEATH MATED JULY 6 AGE (In years IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR 3 SEX HOURS 19 68 10 / 30 SEPT. 24. 1921 MALE WHITE 46 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. C TIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED ong with farm country) MARYLAND U.S.A. W DOWED [T DIVORCED [7] ST. MARY'S the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress ST. MARY S HOSPITAL during most of working life even if retired)
FARMING, & CARPENTER INDUSTRY LEGNARDTOWN 3d INSIDE CITY . M. TS? 13e STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13b. COUNTY ST. MARY S LEGNARDTOWN hours ofter 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME JOHNSON MARY ROSALIE COOPER **ERNEST** HILLARY. reate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within (Yes, no. or unknown) (If yes give war or dates of service) EVA L. JOHNSON ROUTE 1 BOX 276 HOLLYWOOD. 219-16-2023 F event within 72 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN GNSET AND DEATH PART I. DEATH WAS CAUSED BY: Malattien 30 min IMMEDIATE CAUSE (a) ... DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ar removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 NO K 210 EXTERNAL CAUSE WAS 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burnal, crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X. and in my apin an Natural causes . Accident . Suicide . Hamicide . death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER 226 DATE SIGNED SIGNATURE. DEPUTY MED CAL EXAM NER 5 m TO FUN Health WILLIAM D. BOYD ADDRESS(Street, city, town, or county) NAME (Type) M. D. 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL (Specify) JULY 31, 1968 ST. ALOYSIUS CEMETERY LEGNARDTOWN, ST. MARY S. MARYLAND 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 1968 DATE AUG W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND



84		MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W APPECTON STREET RAITIMORE MARYLAND 21201	579 A
FOR STATE	Te	tems#10,11,FilmGL O?MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01
' NOR STATE HEALTH DEPT.			
		(Type or Print)	Doy Yeor 2b HOUR
	3 9	PATRICK JOSEPH KELLIHER DEATH MATED JULY I	5 19 68 M
delo		last britiday) MONTHS QAYS HOURS Min Month - 1 2 DOW	Year 1958 7 P M
A 5	-	BRITHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 JO 11 1 W
	cor	ntryl	
Pages with our	_	TRECARD U.S.A.	2b KIND OF BUSINESS OR
7 m 7 A		Voyey/V/Ve Leonard town Pincush on R. Leonard to M. CIVIL SERVICE	NDUSTRY
hours ofter them 18. Give Office olong lond2 with the		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c (17Y OR TOWN) 13d INSIDERTY Limits? 13e STREET AND NUMBER	
rrs 6 ce 0 12 w		ON MARY LAND 136 PRINCE GEORGE CLINTON YES - NO - 7709 SCHULTZ ST	r
hours trem 18 Office office office	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Daniel Kelliher ? Catherine Sullivan	Lost
24 in Ers (es)	_		7
within 24 pentil in xominer's rile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 O 5 8 7 7 6 F. L. ZARRET H. ANNA V. F. L. ANNA V. F	
with well with perfect Exon	<u> </u>	CLIZABETH ANN NELLTHER. SAME AS	APPROXIMATE INTERVAL
be executed "pending" in rief Medicol E. onsit permit. F event within		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
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pen of M sit p		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	101-0
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should be en word "per to the Chief in burnot-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the state of the different indirections of the state of t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
der der		+201 Seven Blammatoria Artholis	
cert f writh orwar used movo	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This content of the c	TFIC	WAS PERFORMED?	YES NO 🔀
fico fico fico fico fico fico fico fico		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	1 lB.)
NER: T certifica hould b bles should tion, or	MEDICAL	CAUSE OF DEATH P M 19	
XAMINER: te the certi ge 4 should your files 'oge 3 shoul cremation,	¥	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, where on RED No. City of Town foctory, office building, etc.)	County State
		AT WORK AT WORK	
bical example of the property	L	22a. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X],	and in my apinian
bical sse exe ector. P ined fo RECTOR o burro		death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌]
pleose e pleose e I director retained DIRECT for to bu		ACTUAL 1 DILL CHIEF MEDICAL EXAMINER C	
		SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SI	GNED
		EXAMINER'S ASS DEPUTY MEDICAL EXAMINER ADDRESS STREET AND COLORS AND COLOR	-6X
TO DEPUTY The funeral, I The funeral The funeral The funeral Health print	224	NAME (Type) WILLIAM H PATRICK, M.D. ADDRESS (Street, city, town, or county) LEXINGTO BUR AL CREMATION. 236 DATE 236 NAME OF CEMETERY OR CREMATORY 738 OCATION (City or Town) (City or Town)	
E		BURIAL CHEMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (C DURIAL CHEMATORY)	(ounty) (Stote)
1		CHARGON DIDECTOR A DECEMBER OF THE PROPERTY OF	PATURE THE
VR A15ME ,57	F	ROBERT A. MATTINGLY 131 11TH ST. S.F. D. V. MIL - 8 1968 Clienta	anda



MARYLAND STATE DEPARTMENT OF HEALTH



1 -1		- CEOK	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		^ · ^ O o
CR (20000		CERTIFICATE OF DEAT		
\$ -25		ECEASED-NAME First (ype or print)	Mrddle	Last	2a DATE OF DEATH Manth 1 Doy	2b. HOUR
24 hours after death death by the funeol perse ogges I and volumers of the death	3 51	ELEAN	OR DAVIS	MATTINGLY S DATE OF BIRTH	JULY 4,	1988 M
s after	3 31	FEMALE	WHITE	AUGUST 29.1	last highlian) N	ONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Z Z Z	CONI	MARYLAND	U.S.A.	WIDOWED DIVORCED	ST. MARY'S	Md.
orthin 24 filled for party within 24		TITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address) TREN	THALL FARM	USUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
completely ove corbon y event, with		USUAL RESIDENCE (Where deceasission) STATE	led lived, if institution. Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE C	NO X	
e execand conferment	14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAN	AE First Middle	Lost
be n ar din din	L	HENRY			ANNIE ELIZABETH	BOND
cote sicia plea f, an		WAS DECEASED EVER IN U.S. ARA es, na, or unknown) (If yes give w			Address	
e death certificote b ottending physician permit. Then please on, or removal, and	\vdash	Les adults of profession (C.		359 JOHN THOMAS	MATTINGLY MECHANICS	APPROX MATE INTERVAL
ding ding	ı	PART I. DEATH WAS CAUSED	y one couse per line for (a) (b), and (c) D BY		25.	BETWEEN ONSET AND DEATH
dea treni n, or	L	IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	11010 11.6	-1 U-X 04	
at the at		Conditions, if ony, which gave)	(b) (?	be tex of	_	ys
that on. by t rons crem		rise to immediate couse (o), (stating the underlying cause)	DUE TO, OR AS A CONFEQUENCE OF	-2. 7		t
equires † physicio signed t bur ol-tr		last.	(1) 773 (
v requing phymen signer signification of the pur to bur to	×	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D SEASE		
The low ratending hos been se os the th prior to	CERTIFICATION	19d DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		206. F YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
: The or affe hos all the or Affe or A		21a. ACCIDENT WAS UNDERLYIN	NG 216. TIME OF INJURY		Enter nature of injury in Part 1 or Port 2, Ite	m 181
Tol of for for for for for for for for for	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Year		cited fielding of figure, be to the contract to	n- 10)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 should be detached for use as the bur of-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	MED		PLACE OF INJURY (AT HOME FARM, STREET, FAC	TORY) 21f LOCATION Street or R.F.D.	Na City ar Town	Caunty State
ING by the fer the tate		22a. I certify that (I) (th	is haspital) attended the decease	ed fram	955, 10 ifect, 190), that (I) (we) last
END ned l		saw the deceased a	live an 30 10 10 10 10 10 10 10 10 10 10 10 10 10	9_01, and that in (my)((aur))	apinian death accurred a the date	e and have and fram the
Should the transfer of the tra		22b. SIGNATURE	(1) (10) (10) (10) (10)			IT SIGNED,
OR De red weed w		Leny	LVSIL	DEGREE PHYS	OIRECTOR PHYS	15/68
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) LEON E	BERUBE M. D.	22e. ADDRESS	MECHANICEVILLE, MARY	LAND
FUN Fund Houl	23a	BUR AL, (REMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5-5-04	24	REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	ADDRESS	SEPHS CEMETERY	MORGANZA ST MARY	
VR A15 (4) 30M REV 1368		CLARKE MATTING		1117	- 8 1968 Icharle	



, 1	MAKTLAND STATE DEPARTMENT OF HEALTH	
'	20596 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	z 0 0 0 4
Mours after death.	1. DECEASED-NAME First Middle Last 2a. OATE OF DEATH	2b HOUR
1	(Type or print) ERMA JEAN MOORE JULY Months, 3 Days	968ear M
1	The ball of the ba	IF UNDER 1 YEAR OF JINDER 24 HRS HOWTHS DAYS HOURS MIN
L	FEMALE WHITE DECEMBER 9, 1928 "39" YRS.	MOMINS DATS MODICS WITH
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
L	WEST VIRGINIA U.S.A. WIDOWED DIVORCED ST. MARY S	Md
1	diving mast of work no life, even if refined)	12b, KIND OF BUSINESS OR INDUSTRY
ŀ		
	13a USUAL RESIDENCE (Where deceased lived, f institution: Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIWITS? 13b STREET AND NUMBER 13b COUNTY ST. MARY 18 ST. GEORGE 15 12 13b STREET AND NUMBER	
ĺ	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
	LEGTER KEFFER MAMIE	KINDER
ľ	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	Yes, na, ar unknown) (fyes give war areates of service) CHATTS R. MOORE ST. GEORGE ISLAN	B, MARYLAND
i	18 CAUSE OF DEATH (Enter only one cause per line flot (a) (b), and (c)) / / / - /	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HCPert Fair Wille	
ı	DUE TO, OR AS A CONSEQUENCE OF .	
l	Conditions, if any, which gave (b) (b)	
ı	stating the underlying cause Due TO, OR AS-A CONSEQUENCE OF	,
1	lost, 1 (c) Cal Calle I an all tolle	X1
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VENTA PART I(a)	1
1	De part of oppration. The computed constitution was reprodued 100 to 100 for the finding of	NE DEDED IN CERTIEVING
ı	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS COLORED CAUSES OF GEATH? 2 a ACCIDENT WAS UNDER YING 1216 TIME OF INJURY V21C HOW INJURY OCCURRED LETTER DATE OF DATE OF PORT 2. In	NO-DEKED IN CERTIFIED
	2 a ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of ajury a Port 1 or Port 2, 1th	am 181
		on rv.)
ı	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	Caunty State
ı	White Native le of wark at wark at wark	
1	22a, 1 certify that (1) (this haspital)-attended the deceased from 19, 19, 10, 7, 2, 19, 19	that (I) (we) last
	saw the deceased alive an / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e and have and from the
۱	causes spated abave, (I) (we) (did) (did nat) view the bady after death.	ATE SIGNED
I	DEGREE PHYS DEGREE PHYS DIRECTOR PHYS	ALE SIGNED
	228. ADDRESS	
ŀ	NAME (Type) & A. SAMADI M.D. LEONARDTOWN, MARYLAI	N9
İ	23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
ł	BURYAL (Spec fy) JULY 7,1968 RACINE,	WEST VIRGINIA
ĺ	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S S	GNATURE .
	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND UNIL - 8 1968 Actionla	A Judge.



			ID STATE DEPARTMENT OF H		
П	10597		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	16.5
	2,0000		CERTIFICATE OF DEATH		
	ECEASED NAME First Type or print)	Middle	Last	July 26 DATE OF DEATH	Y Yeor A
L		The Alexander	Nelson	1	1968 5:20 5 : 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. :	ale	4 RACE White	S. DATE OF BIRTH July-25-19	6 AGE (n years lost birthdoy)	MONTHS DAYS HOURS 24 AAS
L	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	6 . 20 33
	Maryland	USa	8 MARRIED NEVER MARRIED (St.Mary's	Md
10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (finat in haspital 120 USUA	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
L	Leonardtown		Mary's Hospitaling mo	ist of working life, even if refired)	INDUSTRY
13d	USUAL RESIDENCE (Where deceannession) STATE Md.	sed lived, if institution Residence before	1000 - 100	13e. STREET AND NUMBER	
		000	1 1 1 1 0 7 1 1 1	V CELIE WILL DO 1	CANA CONTRACTOR OF THE PARTY OF
14	FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FOR	elia Jean	Nelson
16	Not Giver . WAS DECEASED EVER IN U.S. AR			Address	1102001
		war ar dates of service)	Mother Ger	neral Del.Piney	Point, Marylan
F	18. CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: IATE CAUSE (0)	il hemovoticas		22 hours
	7/30	DUE TO, OR AS A CONSEQUENCE OF			
П	Conditions, if any, which gove rise to immediate cause (a),	(b)			
	stoting the underlying cause				
	last.	(c)	NAT ARE SEE TO THE TERMINAL DISTANCE OF C	ONDITION OF THE PART 1/-)	
	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR (UNUITION GIVEN IN PART I(0)	
MOIL	19g DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
CEPTIFICATION			YES NO P	CAUSES OF DEATH?	
				nature of injury in Part 1 or Part 2,	Item 18.)
MEDICAL	or contributingcause of DEA	iner) P.M	19		
1		PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21F LOCATION Street or R.F.D. No.	City or Town	County State
	While Not while of work of wark	his handrally assessed at the disconnection	Sh. K. a = 10/a	JE 10 J. F. 9/2 10	495 that 10 lan VIII a
Г	sow the deceased	olive on2 to	sed, from 196, 196, 196, 196, and that in (my) (our) opin	nion death occurred on the do	te and hour and from the
L	couses stated abov	e, (i) (we) (did) (did not) view the	body after death.		
П	22b. SIGNATURE	AM I	ATTENDING M	ED STAFF -	DATE SIGNED
	22d PHYSICIAN'S	1 primy	DEGREE PHYS. DI	RECTOR L PHYS, L	126/68
	NAME (Type) Phi]	lip J.Bean M.D.	Grea	at Mills, Maryla	Nd
23		DATE 23c NAME OF	CEMETERY OR CREMATORY	23a LOCATION (City of Town)	(County) (State)
8			ALOYETUS	LEONARDTOWN, ST.	MARY 18, MARYLAN
1	FUNERAL DIRECTOR	ADDRES		Y REGISTRAR 2Sb REGISTRAR S	SIGNATURE
W	. CLARKE MATTI	WILEY LEONARDTOWN	. MD. DATE ALL	G-1 1968 RCL	orles Judge



. ~ 1	1			S, 301 W. PRESTON STREET, BAL		
(1)		10598	DIVISION OF VITAL RECORD.	CERTIFICATE OF DEATH	IIMORL, MARILAND 21201	20000
No.		CEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
deat	t	ype or print)	ISE L	Norris	JULY Month 15, Doy,	1958 9A M
fun s 1 fter o	3 SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR IN UNDER 24 HRS. MONTHS DAYS HOURS MIN
s af	_	FEMALE	WHITE	JULY 20,	1886 (lost birthday) YRS.	MONISTS ONES TROOKS MILE
haun s. Frou	7o 1	RIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	9. COUNTY OF DEATH	
ed in	10.	MARYLAND ITY OR TOWN OF DEATH	ST. MARY S	WIDOWED DIVORCED	ST. MARY'S	Md.
uted within 24 haurs after deat mpletely filled in by the funeral re carban papers. Pages 1 and event, within 72 hours after deat	LE	ONARDTOWN	give street oddress)	MRY S HOSPITAL during	LAL OCCUPATION (Kind of work done most of working life, even if setmed)	126 KIND OF BUSINESS OR INDUSTRY
nplet nplet vent,	13o odm	TATE (noise	sed lived, if institution. Residence before 13b COUNTY ST. MARY 18	Urc (4)	138 STREET AND NUMBER 10 48 LEI DRIV	-
nd car	14	ATHER'S NAME First	Mtddle Lost	LEXINGTON PKI. 15X		LOST
and and ling		CHARLE				STEWART
cran		WAS DECEASED EVER IN U.S. ARM			Address	MARYLAND
rhific ahys an p aval,		es, no, of unknown) (11 yes give w	Agu di di di 482 di 264A(CB)	CHARLES A. No.	RRIS 48 LEI DRIVE	LEXINGTON PK.
ing I		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), and I	(c)) /** 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
feat fend mit.	ı		ATE CAUSE (o)	y occliman		6 days
the at pear		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE	on 1 The o		1-11.
hat J. y th ansil		rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE	the asterior	My	e guin
es the sicial sicial bad be all-tra		stoting the underlying couse	(¢)			
phys phys srgn buric		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(0)	
w re ling sen the	8	Vulmona	y insisteon	-		
tend tend ss be as b	CERTIFICATION	196. DATE OF OPERAT ON 196	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
: The surface of the	E	210 ACCIDENT WAS UNDERLYIN	NG 216 TIME OF THULRY	YES NO [ter nature of injury in Port 1 or Port 2, I	tom 19 \
ICIAN pital o rrificat d far d far af Hee	MEDICAL (OR CONTR BUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Ye	or 19		leta 1a)
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Grant Director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be better the state Director page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be be the Dept. at Health priar to burial, tremation, or removal, and in any event, within 72 hours after death	₹.	21d NJURY OCCURRED 21b While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCAT ON Street of R.F.D. N	lo Cty or Town	County State
by the free per control of the contr		22a I certify that (1) (th	is haspital) attended the dece	ased from from 19. 19 59 , and that in (my) (out) a	68, 10 July 15, 18	28_, that (I) (we) last
ned ned the the		causes stated above	e, (i) (we) (did) (did hat) view th	=17 2.4 , and that in (my/ (our) .a) he bady after death.	binian death occurred an the da	re and have and tram the
ATION Short	1	22b. SIGNATURE	Mind A	ATTENDING I	MED STAFF 226 C	PATE SIGNED
OR be per DIRE	1		19Bean for	DEGREE PHYS	DIRECTOR PHYS	cy (6/61
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d PHYSICIAN'S NAME (Type)	. J. BEAN M. D.	22e. ADDRESS	GREAT MILLS, MARY	LAND
O HOSPIT Page 4 m O FUNERA director, I shauld be	230	BURIAC, CREMATION, 23b. I	1 1	DE CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5			/17/1968 HoL	Y FACE CEMETERY	GREAT MILLS ST. I	MARY TE MARYLAND
VR ALS AN		FUNERAL DIRECTOR CLARKE MATTING		4411	BY REG STRAR 25b REGISTRAR'S 25ch Registrar's	Can Condar
				A COLUMN DATE OF THE PARTY OF T	A PARI DA	- V A - A -



	~ ~	-00	DIVICION			DEPAKIMENI UI		DVIAND 91901		
	1.0	193	DIAIZION	OF VITAL RECORDS	-	ATE OF DEATH		KILAND ZIZUI	`;)	4
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. stained by the haspital or attending physician CTOR: After this certificate has been signed by the attending physician and completely filled in by the function should be detached far use as the burial transit germit. Then these remave carban papers. Pages 1 and the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after equity the State Dept.	DECEASED No (Type or pre			Middle HowARD		Lost	20 DATE O	Manth Do	1968 Year	25. HOUR
er d	SEX		4 RACE			5 DATE OF BIRTH	10041	6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
rrs afte y the P Pages urs aft	FEN	ALE	V	VHITE		DECEMBER 1	1897	last birthday) 70 YRS.	MONTHS DAYS	HOURS MIN
our po		(State or foreign	76. EITIZEN (OF WHAT COUNTRY?	8. MARRIED#	NEVER MARRIED	9. COUNTY O	F DEATH		
emave carban papers, any event, within 72 h	ountry) Ma	RYLAND	U.S	8.A	WIDOWED		Sr.	MARY S		Md.
and in any event, within 12 hours after		WN OF DEATH		11 NAME OF HOSPITAL OR I give street oddress) ST.	,	during	most of working	N (Kind of work done plife, even if retired.) US DRIVER	126 KIND OF B INDUSTRY CO UN	
7	Bo USUAL RE dmission) S	SIDENCE (Where deced	sed lived, af in 13b. COUI	ST. MARY ST.		TOWN 13d INSIDE CO	NO 🔀	TREET AND NUMBER		
•	4. FATHERS N	AME First	Mrd	ldle Last	15	MOTHER'S MAIDEN NAM	LE First	Middle		Last
		OSEPH	CLEME			Cora		IRENE	HOWARD	
	 WAS DEC Yes, no, or i 	ASED EVER IN U.S. AR	MED FORCES? war or dates of servi	16b SOCIAL SECURITY	/ NO. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NFORMANT		Address		
						N D. SHOFF	VER_VA	LEY LEE,	MARYLAND	ATE INTERVA. SET AND DEATH
	Condition rise to 11 stoting last PART 2. 190 DATI 21a. ACC	T 1. DEATH WAS CAUSE IMMEDI 1. S., if any, which gove nmediate cause (a), he underlying cause OTHER SIGNIFICANT—CO	DBY. ATE CAUSE (a) DUE TO, BUE TO, CONDITIONS COM CONDITION FC	OR AS A CONSEQUENCE OF TRIBUTURG TO DEAD BUT A CONSEQUENCE OF TRIBUTURG TO DEAD BUT AND THE CONTROL OF TRIBUTURG TO THE CONTROL OF TRIBUTURG T	F COLLEGE TO THE PERFORMED	ZOG. AUTOPSY?	20b I CAUSE	F YES, WERE FINDINGS S OF DEATH?	MI MI CONSIDERED IN CER	n.
	21d. INJ While of wark	notify medical exam JRY OCCURRED 21e Not while at work certify that (I) (\$	iner) PLACE OF IN:	P.M. FURY (AT HOME FARM, STREET I GEFICE BUILDING, ETC.)	ACTORY.) 21f. LO	, 1'	855 , to	y ar Tawn	County	
	SQ CQ 22b. SIGI	w the deceased uses stated abov	e/(I) (wax)	did not view th	bady after of	ATTENDING GT	MED	STAFF 22c	DATE SIGNED	nd from the
1	_	AE (Type)	MES P.	1-1	D.	PHYS. 22e ADDRESS		PHYS. LILLS, MARY	LAND	168
Shau	30. BURIAL,		DATE	1968 ST.G		PISCOPAL	VALLE	ON (City or Town)		(Stote)
1160	4. FUNERAL	4.4	1 700	ADDRES			D BY REGISTRAR	2Sb. REGISTRAR		
90	TOLAR	KE MATTING	ILEY L	EONARDTOWN.	MARYLA	NB DATE A	Ub I I	968 PCL	melas and	ALC:



	MAKTLANU STATE DEPAKIMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	3
	DECERCED NAME C. Co. M. Middle (cr.) 20 DATE OF DEATH	2b HOUR
	(Type or print) DOROTHY ELIZABETH STONE JULY Month 18, Day 1968	AA MA
	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNIDER) YEAR IF	UNDER 24 HRS.
	FEMALE WHITE DECEMBER 10,1902 65 birthday) YRS. MONTHS GAYS H	IOURS M.N.
	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED TO PERCENT OF DEATH	
	MARYLAND U.S.A. WIDOWED DIVORCED ST. MARY'S	Mď.
/	11) NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUA, OCCUPATION (Kind of work done give street oddress) ST. MARY & HOSPITAL during most of working life, even if retired.)	SINESS OR
*	Economical	
	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dission) STATE MARYLAND 13b. COUNTY ST. MARY	
		1
	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle BATRICE WATTE	Lost
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address	
	Yes, no, or unknown) (If yes give war or doles of service) ERNEST L. STONE PARK HALL, MARYLAND	
	APPROXIMAT	
	PART I. DEATH WAS CAUSED BY:	I ANO UÇAJH
	IMMEDIATE CAUSE (a) DUE TO, OR AS ACCONSEQUENCE/OF	
	Conditions, if any, which gave	
	rse to immediate cause (b) Storing the underlying cause DUE TO, OR AY A CONSEQUENCE OF	
	10st. (a) Chilliania of the paper is holder	"
	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO	1 .
	5	2 4
1	90 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PEDFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONS DERED IN CERT CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)	IFYING
*	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	TOR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Day Vear (If either, notify medical examiner) 9.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
	While Mot while The Mot while	State
	22a. I certify that (I) (this haspital) oftended the deceased from 1 (7 (8 , 19 , 1a) , 19 (1 , that (I) (wo) last
	saw the deceased olive on	
	causes stated obave, (I) (we) (did) (d d not) view the bady ofter death.	
	22b Signature 22c Date S GNED ATTENDING MED STAFF 22c DATE S GNED	10
	DEGREE PHYS DIRECTOR STAFF DI. 19. d	5
	22d. PHYSICIANS NAME (Type). SAMADI M. D. LEONARDTOWN, MARYLAND	
		(State)
D	BURIAL SPECIFY JULY 20, 1968 HOLY FACE CEMETERY GREAT MILLS, ST. MARY B, MA	. ,
1	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE	
~	W. CLARKS MATTINGLEY LEGNARRIOWN, MARYLAND DILL 2 3 1968 Cliente Oudes	2



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
runeral L and 2 r death.	CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Mary land C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-/	Leonardtown Life Box 710, Mechanicsville, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	St. Mary's Hospital YES NO NOTE NOTE NOTE NOTE NOTE NOTE NOTE N
Į. X	Thompson Jr. DEATH July 17 19 68 SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 14 PEAR FUNDER 24 HRS. Hours Min. Male White WIDOWED DIVORCED July 15.1968 yrs. 2
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Applicable Not Applicable St. Mary s., Mary land U.S. 13. FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY Not Applicable St. Mary s., Mary land U.S. 14. MOTHER'S MAIDEN NAME
	James Howard Thompson, Sr. Ava Mae Horton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Box 74C (Yes, no, or unknown) (Hyes Ofre war or dates of service) No Mother Mechanics ville, Maryland
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]
4	PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) GR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20g. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20g. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20g. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20g. TIME OF INJURY MONTH, Day, Year 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY MONTH, Day, Year 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, farm, factory, street, office bidg., etc.) 20g. TIME OF INJURY (Home, farm, far
1	21. I certify that (I) (this hospital) attended the deceased from
of of	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) JULY 18, 1968 St. ALOYS 108 LEONARD TOWN, ST. MARY (S. MARY LA) 24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	MATTINGLEY FUNERAL HOME LEONARDTOWN, MD. DATEAUG 1 1968



1	10602 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0
TH DEPT. 1.1	Item#11, FilmG103 8/MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost JOE ESTI- (Type or Print) CLAUDE ANDERSON TURNER DESTI- DEATH MATED JULY 3C	Yeor 68 25. HOUR
M	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years for UNDER 1 YEAR OF UNDER 24 HRS. AALE NEGRO APRIL 7, 1907 6. AGE (In years for UNDER 1 YEAR OF UNDER 24 HRS. YRS. ON THE OF BIRTH OF BIRTH ON THE OF BIRTH O	or 19 68 2d. HOUR
d cov	o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED RIEVER MARRIED 9. COUNTY OF DEATH ST. MARY 8. MARRIED RIEVER MARRIED 11. NAME OF HOSPITAL OR INSTITUTION (IF not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. Kit	Md ND OF BUSINESS OR
00 4	EXINGTON PARK Synostrept address Place, during most of yorking life even the fired.) INDUSTR Sa. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UNITS? 13e. STREET AND NUMBER	
dea /8	admission) STATE MARYLAND 13b. COUNT'ST. MARY'S LEXINGTON PK. YES NO X 10 TAYLOR PLACE	
1	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle JOSEPH TURNER MARY 1	Last
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 237-16-7849 17. INFORMANT ADDRESS ELIZABETH TURNER 10 TAYLOR PLACE LE	EXINGTON PI
or removal, ond in ony event within the certification	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	mmel
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	O. AUTOPSY? YES NO M
MEDICAL CER	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
5	WHILE NOT WHILE factory, office building, etc.) 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian	
	230. BURIAL (REMATION, BURIAL (Specify) Aug. 2, 1968 FIRST BAPTIST CEMETERY BURLINGTON. No.	TH CAROLI
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE AUG 1 1968 Climbs	JRE

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MAKTLAND STATE DEPAKTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10611 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR deoth (Type or print) JULY BENJAMIN OSBORNE UNKLE papers. Reges 1 hin 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS MALE WHITE APRIL 1908 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND USA WIDOWED | DIVORCED [ST. MARY.S the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress MARY . S during most of working life even if retired.) BUILDER With LEONARDTOWN HOSPITAL and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. СОЧИТУ NO A YES 🗀 MARY.S ST. INIGOES 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Middle JOSEPH UNKLE SARAH COOMBS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 507 ENTERPRISE DR. Yes, no. or unknown) 219-16-1242 JOSEPH B. priar ta burial, crematian, ar remaval UNKLE LEYTHOTON 18. CAUSE OF DEATH (Enter only one cause per interior (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE D Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR ASAA stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) certificate has been use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO 🕞 YES director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year O FUNERAL DIRECTOR: After this certil director, page 3 shauld be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22b. SIGNATURE 22t. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS. JULY 5. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type JARBOE M.D. GREAT MILLS 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) 7/6/1968 ST. MICHAELA RIDEE **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR 30M REV. 1/68 JOHN WELCH LEONARDTOWN MD

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